

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42990

State File No. 10757

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ Mo. _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6920 1/2 Minnesota</u>				d. STREET ADDRESS (If rural, give location) <u>6920 1/2 Minnesota</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alois</u>		b. (Middle) <u>Joe</u>		c. (Last) <u>Weggenman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 23 1891</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Washington Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Charles Weggenman</u>		13b. MOTHER'S MAIDEN NAME <u>Rosina Selz</u>		14. NAME OF HUSBAND OR WIFE <u>Augusta</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>W.W.I</u>		16. SOCIAL SECURITY NO. <u>710-10-0759</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Augusta Weggenman</u> ADDRESS <u>6920 1/2 Minnesota</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary of liver</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Chronic Interstitial nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>Chronic</u> <u>Chronic</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>592X</u>					
22. I hereby certify that I attended the deceased from <u>Nov 1, 1950</u> , to <u>Dec 15, 1950</u> ; that I last saw the deceased alive on <u>Dec 10, 1950</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jos. P. Fendler Jr.</u> (Degree or title) _____				23b. ADDRESS <u>7701 Guy St.</u>		23c. DATE SIGNED <u>12/16/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-18-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 18 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. P. Fendler Jr. 7123 Michigan</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10757

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Clarence Rochow

Signed.....
Student Embalmer

Licensed Embalmer No. 3093

P. O. Address 7128 Michigan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.